



HIV/AIDS PREVENTION

Facts about

HIV/AIDS among African Americans and Hispanics in the United States

In the United States, African Americans and Hispanics have been disproportionately affected by human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) since the early years of the epidemic. Through June 1996, the Centers for Disease Control and Prevention (CDC) had received reports of 548,102 cases of AIDS among persons of all ages and racial/ethnic groups in the United States, including 256,461 cases among whites, 189,004 cases among African Americans, and 96,613 cases among Hispanics. Although 52% of the 548,102 reported AIDS cases occurred among African Americans and Hispanics, these two population groups represent an estimated 13% and 10%, respectively, of the total U.S. population.

HIV infection has been the leading cause of death among persons aged 25-44 years of all racial/ethnic groups since 1993. Among men in this age group, HIV infection became the most common cause of death for African American men in 1991, for men of all racial/ethnic groups in 1992, and for white men in 1994. In 1994, HIV infection was the third leading cause of death among all women 25-44 years of age, the fifth leading cause of death for white women in this age group, and the leading cause of death for African American women. In 1994, the death rate from HIV infection per 100,000 population among persons in this age group was almost four times as high for African American men (177.9) as for white men (47.2) and nine times as high for African American women (51.2) as for white women (5.7). (Information on Hispanic ethnicity was unavailable in these provisional data; each race includes Hispanics).

Among women and children with AIDS, African Americans and Hispanics have been especially affected, representing approximately 75% of cases reported among women and more than 80% of cases reported among children. Of the 78,654 AIDS cases among women reported to CDC through June 1996, 43,301 cases occurred among African American women and 15,984 occurred among Hispanic women. Of the 7,296 AIDS cases reported among children less than 13 years of age, 4,201 occurred among African American children and 1,703 occurred among Hispanic children.

Following advances in the prevention of perinatal transmission through zidovudine therapy reported in 1994, the U.S. Public Health Service issued guidelines recommending that HIV counseling and voluntary testing be a part of routine prenatal care for all pregnant women to ensure that HIV-infected women receive important health care for themselves and for reducing the risk of HIV transmission to their infants. Subsequent declines in AIDS incidence among children offer promising hope for reducing maternal-infant transmission.

Among teenagers (13-19 years of age), a total of 2,574 AIDS cases have been reported in the United States through June 1996; 895 cases occurred among white adolescents, 1,165 among African Americans, and 472 among Hispanics. Overall, 65% of the AIDS cases in this age group are among males, and 35% among females. Among African American teenagers with AIDS, 48% are male and 52% are female; among Hispanic teens, 71% of those with AIDS are male and 29% are female; among white teens, 81% are male and 19% female.

For young adults aged 20-24 years, 19,997 AIDS cases have been reported through June 1996; of these, 7,882 occurred among African Americans, 7,712 among whites, and 4,167 among Hispanics. Overall, 75% of the AIDS cases in this age group occurred among males and 25% among females. Among African Americans reported with AIDS in this age group, 34% are female, 66% are male; among Hispanics, 25% are female and 75% are male. Because the time from initial infection with HIV to the development of AIDS is often 8-10 years, many of these young adults likely acquired their infections as teens.

AIDS cases reported in 1995 among African Americans

In 1995, 74,180 AIDS cases were reported to CDC among persons of all ages and racial/ethnic groups. Of these cases, 29,350 (40%) were reported among African Americans. The AIDS case rate among African Americans in 1995 was 92.6 per 100,000 population, six times the rate for whites (15.4 per 100,000) and twice the rate for Hispanics (46.2 per 100,000).

Men

- Of these 29,350 cases, 21,184 (73%) occurred in African American men. By transmission category, 34% of these men acquired their infection through male-to-male sexual contact, 34% through injecting drug use, and 7% through heterosexual contact; 5% had both male-to-male sexual contact and injecting drug use as risk factors. The 1995 AIDS case rate for African American men was 190.3 per 100,000—nearly 6 times the rate among white men (34.3 per 100,000) and twice the rate among Hispanic men (98.0 per 100,000).
- Although AIDS incidence rates among men who have sex with men have stabilized in recent years, studies indicate increasing rates of HIV infection among African American and Hispanic gay men, especially young gay men of color.

Women

- In 1995, 7,680 AIDS cases were reported among African American women. Most of these women acquired their infection through injecting drug use (38%) or through heterosexual contact (34%).
- The 1995 AIDS case rate among African American women was 59.2 per 100,000; this rate was 16 and 2 times higher, respectively, than the rates among white women (3.8 per 100,000) and Hispanic women (25.4 per 100,000).

Children

- Of the 800 children reported with AIDS in 1995, 486 (61%) were African American. Virtually all of these cases occurred as a result of perinatal (mother-to-infant) transmission.
- The 1995 AIDS case rate among African American children was 6.4 per 100,000.

AIDS cases reported in 1995 among U.S. Hispanics

With more than 25 million Hispanics, the United States has the fifth largest Hispanic population in the world, following Mexico, Spain, Argentina, and Colombia. The Hispanic heritage of the U.S. population is approximately 62% Mexican, 13% Puerto Rican, 12% Central and South American, 5% Cuban, and 8% other Hispanic populations. Of the 74,180 AIDS cases reported to CDC in 1995, 14,169 (19%) occurred among Hispanics. The AIDS case rate among Hispanics was 46.2 per 100,000 population in 1995.

Men

- Of these 14,169 cases, 11,137 (79%) occurred in adult/adolescent Hispanic men. By transmission category, 39% of these men acquired their infection through male-to-male sexual contact, 35% through injecting drug use, and 6% through heterosexual contact; 4% had both male-to-male sexual contact and injecting drug use as risk factors.
- The 1995 AIDS case rate for U.S. Hispanic men was 98.0 per 100,000 population.

Women

- 2,847 cases of AIDS among Hispanic women were reported in 1995. The 1995 AIDS case rate among U.S. Hispanic women was 25.4 per 100,000 population. Nearly half of these women acquired their infection through heterosexual contact (47%) and more than one-third (36%) through injecting drug use.

Children

- Of the 800 AIDS cases reported among U.S. children in 1995, 185 (23%) occurred among Hispanic children, most of whom were infected perinatally.
- The 1995 AIDS case rate among U.S. Hispanic children was 2.3 per 100,000.

HIV Prevention

The disproportionate impact of HIV/AIDS on African Americans and Hispanics underlines the importance of effective prevention efforts for minority communities. HIV prevention efforts must take into account not only the multiracial and multicultural nature of our society, but also other social and economic factors, such as poverty, underemployment, and poor access to the health care system, that impact health status and disproportionately affect African American and Hispanic populations.

All CDC-funded state, local, and territorial health departments have instituted an HIV prevention community planning process. The community planning process aims to address unique community needs and improve the cultural competence and scientific basis of HIV prevention

programs. Together, representatives of affected populations, epidemiologists, behavioral scientists, HIV/AIDS prevention service providers, health department staff, and others analyze the course of the epidemic in their area, determine their priority prevention needs, and identify HIV prevention interventions to meet those needs. The health department then incorporates these priority interventions into its prevention objectives for funding by CDC. In this manner, each area's HIV prevention program is responsive to the profile of the epidemic and also the values, norms, and consumer preferences of those to be served.

Other CDC HIV prevention efforts which serve African-American and Hispanic populations include:

- Direct funding of community-based organizations (CBOs) that represent and serve populations at increased risk for HIV/AIDS. Services provided by these CBOs include street outreach to injecting drug users and youth in high-risk situations; general education; peer education; social service agency and drug treatment facility-based education; condom distribution/safe sex education; prevention-oriented follow-up and behavior reinforcement for HIV-positive individuals and their families; programs designed to encourage people to receive HIV counseling, testing, and follow-up; and home-based interventions.
- Direct funding of national and regional minority organizations to develop and broaden the base of minority organizations involved in HIV prevention efforts; to collaborate with state and local agencies to provide HIV education efforts for minorities at risk for HIV infection; and to encourage and evaluate national and regional approaches to HIV health education, risk reduction, and support services that are relevant to the cultural and social needs of minority populations.
- Prevention activities directed to persons at high risk for or already infected with HIV. These services, offered primarily through state and local health departments, include HIV counseling, testing, referral, and partner notification; HIV prevention directed to drug users; health education and risk reduction; and perinatal HIV prevention. For example, more than 2.6 million HIV-antibody tests were performed in publicly funded HIV counseling and testing sites in 1992; 43% of these tests were for minority clients. In addition, a project is underway to evaluate HIV prevention services in clinics serving women, including women of color, who may be at risk for HIV infection.
- HIV prevention education for school- and college-aged youth. Offered primarily through national, state, and local education organizations, this program includes school-based HIV prevention; college-based HIV prevention; and HIV prevention efforts directed to youth in high-risk situations (e.g., street youth, runaways). Many individuals from racial/ethnic minority communities benefit from these services.
- HIV information, education, and prevention services for the general public, including:
 - The CDC National AIDS Hotline, which provides services to the general public in both Spanish and English and facilitates access for the deaf through special phone lines

- The CDC National AIDS Clearinghouse, which helps health-care professionals, educators, and others identify appropriate educational materials to use with ethnic and racial minority populations and organizations that serve these audiences
- A national public information program
- Public information efforts conducted through state and local health departments

Individuals from minority communities access these resources in great numbers and benefit from the wide variety of prevention and education services they offer.

For more information, contact:

CDC National AIDS Hotline: 1-800-342-AIDS (2437)
Spanish: 1-800-344-SIDA (7432)
Deaf: 1-800-243-7889
CDC National AIDS Clearinghouse 1-800-458-5231
P.O. Box 6003
Rockville, MD 20849-6003